

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10855 **CERTIFICATE OF DEATH**

10858

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>				TOWN <u>RURAL</u> <u>SWANTON</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>ROUTE #1</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
(Type or Print) <u>(BABY GIRL) BERNARD</u>				<u>NOVEMBER 17</u> 19 <u>55</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>NOVEMBER 17, 1955</u>	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEWBORN</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>OAKLAND, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>LEROY WADE BERNARD</u>				14. MOTHER'S MAIDEN NAME <u>PATRICIA ANN SCHMIDT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>ROUTE #1</u> <u>MR. LEROY WADE BERNARD SWANTON, MARYLAND</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
I <u>776X</u> IMMEDIATE CAUSE (A) <u>PREMATURITY (6 mos.)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos 5-3 mos</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>6</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-17</u> , 19 <u>55</u> , to <u>11-17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-17</u> , 19 <u>55</u> , and that death occurred at <u>9:05</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>James H. Seaton</u>				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>11-17-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11/17/1955</u>		NAME OF CEMETERY OR CREMATORY <u>Deer Park Cemetery</u>		LOCATION (City, town, or county) (State) <u>Deer Park, Md.</u>	
24. REC'D BY REGISTRAR <u>11/14/55</u>		REGISTRAR'S SIGNATURE <u>Julius H. Power L.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert C. Leighton</u>		ADDRESS <u>Oakland, Md.</u>	

CERTIFICATE OF DEATH

11/1/22

DATE OF DEATH

1. Name of deceased	2. Sex	3. Age	4. Race
5. Date of birth	6. Place of birth	7. Date of death	8. Place of death
9. Cause of death	10. Manner of death	11. Signature of physician	12. Signature of registrar

BUREAU V. S.

NOV 28 1922

RECEIVED

Burial

11/1/22

RECEIVED

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

1 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10856

CERTIFICATE OF DEATH

10859

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Rural Lonaconing</u>		<u>Life</u>		TOWN <u>Rural Lonaconing</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>WADE</u> (Middle) <u>H.</u> (Last) <u>BROADWATER</u>				(Month) <u>Nov.</u> (Day) <u>25</u> (Year) <u>19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>May 5, 1878</u>	<u>77</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Retired Farmer</u>		<u>Own Farm</u>		<u>New Germany, Md.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>David D Broadwater</u>				<u>Eliza Colmer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>none</u>		<u>R.D. Mrs. Effie Broadwater, Lonaconing</u>			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				19. MEDICAL CERTIFICATION			
<u>422.1</u>				IMMEDIATE CAUSE (A) <u>myocarditis</u>			
				ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis</u>			
				DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Duodenal ulcer</u>			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH	
				YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>3 yrs -</u>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 4/8</u> to <u>Nov 25 19 55</u> that I last saw the deceased alive on <u>4/25</u> , 19 <u>55</u> , and that death occurred at <u>5 A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>P. E. Berry</u>				ADDRESS (Street, city, town, state)		DATE SIGNED <u>11/26/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>11/27/55</u>		<u>New Germany Methodist</u>		<u>New Germany, Garrett Co. Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>11/26/55</u>		<u>Ethel Broadwater</u>		<u>Donald J. Newman</u>		<u>Grantsville, Md.</u>	

CERTIFICATE OF DEATH

RECEIVED
NOV 28 1985
BUREAU V. S.

DEATH CERTIFICATE

DATE OF DEATH NOV 27 1985

TIME OF DEATH 10:00 AM

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be completed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-59 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10860

10857 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>MARYLAND</u>		STATE <u>Maryland</u>		COUNTY <u>Alle. gany</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Oakland</u>		<u>9 months</u>		TOWN <u>Cumberland</u>		<u>01-02-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Weeks Nursing Home</u>				STREET ADDRESS (If rural give location) <u>17 Valley St.</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Daisy M. Coleman</u>				<u>Nov. 10, 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, or SEPARATE	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>May 6, 1876</u>	<u>79</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if <u>housewife</u>)		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Cumberland, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry Coleman</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Bucy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Quenten Griffey, Ellerslie, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>422.1 IMMEDIATE CAUSE (A) <u>Cardiac Asthma</u></u>						<u>3-4 mos</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C. V. D.</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 3, 1955</u>, to <u>10 Nov. 1955</u>, that I last saw the deceased alive on <u>11 Nov. 1955</u>, and that death occurred at <u>11:50 AM</u>, from the causes and on the date stated above.							
SIGNATURE <u>Thomas J. Lushy</u> M.D.				ADDRESS (Street, city, town, state) <u>Cumberland, Md.</u>		DATE SIGNED <u>11-11-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 13, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		LOCATION (City, town, or county) (State) <u>Cumberland, Md.</u>	
24. REC'D BY REGISTRAR <u>11/12/55</u>		REGISTRAR'S SIGNATURE <u>Julia A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William H. Kight, Cumberland, Md.</u>			

11/24/11
11/24/11

BUREAU OF THE ARMY

NOV 16 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 115C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10861

10858 **CERTIFICATE OF DEATH**

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>OAKLAND</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>DEER PARK</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Everrett Burns DEBERRY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 11 1955</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>NOVEMBER 11, 1955</u>	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min. <u>9 33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>OAKLAND, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>EVERETT BURNS DEBERRY</u>				14. MOTHER'S MAIDEN NAME <u>HARRIET VIRGINIA BECKMAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>HARRIET VIRGINIA DEBERRY MARYLAND</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) <u>Heart Failure</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Abruptio Placenta</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) STATING UNDERLYING CAUSE LAST.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Premature Birth (8 mos.)</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY-street-office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>November 11, 1955</u> , to <u>November 11, 1955</u> , that I last saw the deceased alive on <u>November 11, 1955</u> , and that death occurred at <u>4:55 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas D. Rush</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland, Md</u>		DATE SIGNED <u>11/11/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>Nov-1 1955</u>		NAME OF CEMETERY OR CREMATORY <u>DEER PARK CEMETERY</u>		LOCATION (City, town, or county) (State) <u>DEER PARK, MD.</u>	
24. REC'D BY REGISTRAR <u>11/1/55</u>		REGISTRAR'S SIGNATURE <u>John A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>OAKLAND, MD.</u>	

1955

DEPARTMENT OF HEALTH - BALTIMORE

DEATH CERTIFICATE

116

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED	SEX	AGE
DATE OF BIRTH	PLACE OF BIRTH	CITY
CITY	COUNTY	STATE

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

PERMANENT CAUSE

BUREAU V. S.

NOV 16 1955

RECEIVED

DEPARTMENT OF HEALTH

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10862

10859 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>				TOWN <u>RURAL KITZMILLER</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>70 GARRETT COUNTY MEMORIAL HOSPITAL</u>				<u>R. F. D.</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>FRANK XAVIER DEWITT</u>				<u>NOVEMBER 18 19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M</u>	<u>W</u>	<u>W</u>	<u>9/27/69</u>	<u>86</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farmer</u>				<u>HOYES, MARYLAND</u>		<u>U.S.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>JOHN DEWITT</u>				<u>MATTINGLY, ANNA</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>UNK.</u>				<u>MRS. JESSIE RECKNER</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
591X IMMEDIATE CAUSE (A) <u>Uremia</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C) <u>Nephrosis, acute</u>						<u>2 wks.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 5, 1955</u> , to <u>Nov. 18, 1955</u> , that I last saw the deceased alive on <u>Nov. 18, 1955</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Joseph Alvarez</u>				ADDRESS (Street, city, town, state) <u>1012 1/2 St. Oakland Md. Nov 18.</u>		DATE SIGNED	
M.D. <u>1012 1/2 St. Oakland Md.</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>11/21/55</u>		<u>OAKLAND MD.</u>		<u>OAKLAND MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>11/20/55</u>		<u>Julia A. Rowan</u>		<u>Emory Baldwin</u>		<u>OAKLAND? MD.</u>	

111

STATE OF NEW YORK DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

BUREAU V. 2

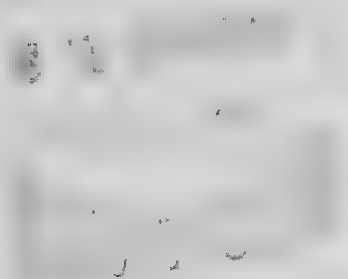
NOV 28 1953

RECEIVED

11/20/53
J. H. [illegible]
[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10860				10863			
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				Reg. Dist.			
Item 21f				No. 167			
MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)		OR	
TOWN <u>OAKLAND</u>		<u>RURAL</u>		TOWN <u>OAKLAND</u>		<u>RURAL</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>RUTH ARLETTA FIRD</u>				<u>NOV. 12 1955</u>			
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
<u>FEMALE</u>		<u>WHITE</u>		<u>MARRIED</u>		<u>OCT-3-1927</u>	
9. AGE last birthday:		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>28</u> yrs.		<u>HOUSEWIFE</u>		<u>RED CREEK W. VA.</u>		<u>U.S.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>EDWARD PROSPT.</u>				<u>MARTHA CARR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
(If Yes, give war or dates of service)		<u>235-40-6149</u>		<u>MRS. VA. JOHNSON THOMAS W. VA.</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
Immediate cause (a) <u>Crushing injuries right chest wall</u>				<u>2 weeks</u>			
DUE TO <u>in the structure lung</u>				<u>2 weeks</u>			
Antecedent cause(s) (b) <u>Fracture left femur</u>				<u>2 weeks</u>			
DISEASES OR CONDITIONS, IF ANY, giving rise to the above cause DUE TO <u>Fracture left femur</u>				<u>2 weeks</u>			
stating underlying cause last (c) <u>Fracture left femur - Car Verhorne</u>				<u>2 weeks</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Collision Automobile</u>			
				<u>Car struck abutment of bridge</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>E. J. Baumgartner</u>				M. D. <u>11/14/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>NOV. 14-1955</u>		<u>THOMAS CEMETERY</u>		<u>THOMAS W. VA.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
<u>11/16/55</u>		<u>Elmer C. Shaffer</u>		<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	



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INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

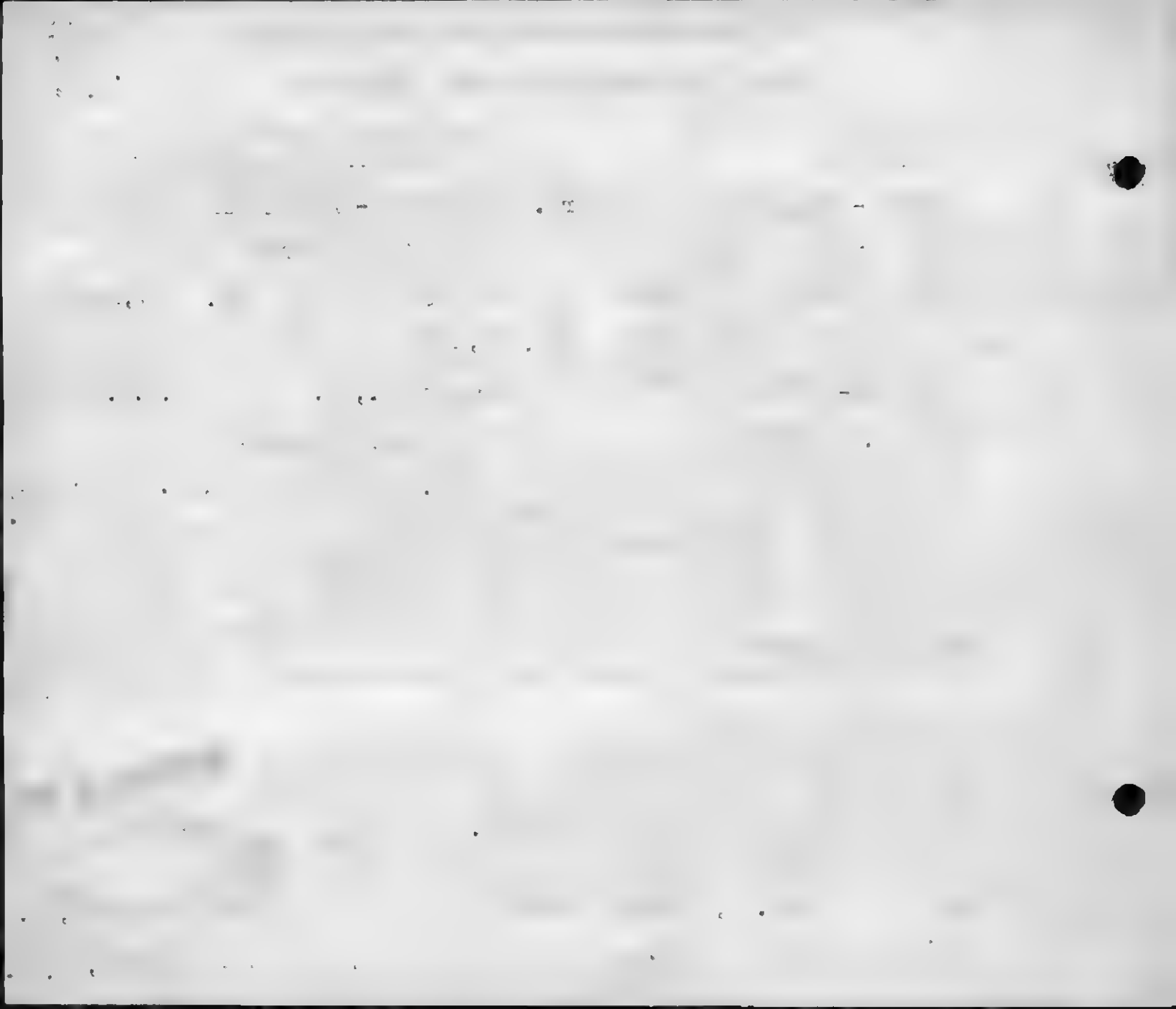
VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10861 CERTIFICATE OF DEATH

Reg. Dist. No. 10865
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL and give nearest town) RURAL- DEER PARK		LENGTH OF STAY (If in place) 79 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) RURAL- DEER PARK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 MILES EAST				STREET ADDRESS (If rural give location) 2 Miles East			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) ARTHUR		(Middle) OSBORN		(Last) H ARDESTY		(Month) NOV. (Day) 17, (Year) 1955	
5. SEX MALE	6. COLOR OR WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 10, 1876	9. AGE last birthday 79 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Farming-Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Garrett Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY A. HARDESTY				14. MOTHER'S MAIDEN NAME JULIA ANN TASKER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unk.) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT & ADDRESS MRS. ALICE HARDESTY, Rt. 1, Deer Park Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Heart Failure				44 yrs			
ANTECEDENT CAUSE(S) DUE TO (B) Hypertension in heart conducted to myocardium				6 yrs			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) Cardiac ischaemic disease							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6:30 p.m., 1955, to 10/29/55, 1955 , that I last saw the deceased alive on 10/29, 1955 , and that death occurred at 9 A.M. from the causes and on the date stated above.							
SIGNATURE Thomas J. Fox				DATE SIGNED Nov. 19/55			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Nov. 20, 1955		NAME OF CEMETERY OR CREMATORY Moon cemetery		LOCATION (City, town, or county) (State) Deer Park, Garrett Co., Md.	
24. REC'D BY REGISTRAR DATE 11/20/55		REGISTRAR'S SIGNATURE Julia Rowan		25. FUNERAL DIRECTOR'S SIGNATURE C. A. Sharpless		ADDRESS Blaine, W. Va.	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10866

10862 CERTIFICATE OF DEATH

Reg. Dist. No. 166

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Garnett.</i>		MARYLAND		STATE <i>MD</i>		COUNTY <i>Allegheny</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <i>Oakland</i>		<i>8 weeks</i>		TOWN <i>Westernport</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Weeks Nursing Home.</i>				STREET ADDRESS (If rural give location) <i>7th & Alder St 01-42-2</i>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<i>Mineral Glendora Highman</i>				<i>Nov 14 1955</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Female</i>	<i>White</i>	<i>Widow</i>	<i>Sept 18, 1872</i>	<i>83</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Domestic</i>		<i>Coin home</i>		<i>Ft. Ashby, W. Va.</i>		<i>U.S.</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>John T. Greenade</i>				<i>Sarah Wheeler</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>No</i>		<i>None</i>		<i>Edrie Pence, Westernport, Md.</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
4221 IMMEDIATE CAUSE (A)				<i>Conjunctive heart failure</i>			
ANTECEDENT CAUSE(S) DUE TO (B)				<i>Art. C.V.D.</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<i>Senile</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9/16</i>, 19<i>55</i>, to <i>11/14</i>, 19<i>55</i>, that I last saw the deceased alive on <i>11/7</i>, 19<i>55</i>, and that death occurred at <i>2:00</i> PM from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<i>Thomas J. Smith M.D. Oakland Md.</i>				<i>11-14-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>11/16/55</i>		<i>Queen's Point</i>		<i>Kepler, W. Va.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>11/14/55</i>		<i>Julia A. Rowan RR</i>		<i>E. S. Pence - M.D.</i>			



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN ☐ **HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR ☐ The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 21 Film G190 12-22-55

10363 CERTIFICATE OF DEATH

Reg. Dist. No. 10867

1. PLACE OF DEATH COUNTY Garrett CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Oakland HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home 59 Oak Street				2. USUAL RESIDENCE (HOME) OF DECEASED STATE West Virginia COUNTY Preston CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rowlesburg STREET ADDRESS (If rural give location) Main Street			
3. NAME OF DECEASED (Type or Print) (First) Maude (Middle) Knotts (Last) Hunter				4. DATE OF DEATH (Month) November (Day) 28 (Year) 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH November 7, 1874	9. AGE last birthday 81 yrs	IF UNDER 1 YEAR Months 0 Days 21	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rowlesburg, West Virginia		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME James A. Knotts				14. MOTHER'S MAIDEN NAME Sarah C. Hellis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS John J. Hunter, Rowlesburg, W. Va.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Arterio Sclerotic Cardiac Vascular Disease ANTECEDENT CAUSE(S) DUE TO (B) Fracture Rt. Hip DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)						INTERVAL BETWEEN ONSET AND DEATH 10 yrs 4 mos	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 10		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) Rowlesburg W.Va.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 55 M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Missed step and fell			
22. I hereby certify that I attended the deceased from 15 Oct., 1955 , to 28 Oct., 1955 , that I last saw the deceased alive on 28 Oct., 1955 , and that death occurred at 11:50 A.M. from the causes and on the date stated above.							
SIGNATURE Andrew E. Mance		M.D. Oakland, Maryland.		DATE SIGNED 29 Nov 55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF November 30, 1955		NAME OF CEMETERY OR CREMATORY Eglon Cemetery		LOCATION (City, town, or county) (State) Eglon, West Virginia.	
24. REC'D BY REGISTRAR DATE 11/30/55		REGISTRAR'S SIGNATURE Julia G. Kover L.P.		25. FUNERAL DIRECTOR'S SIGNATURE P. K. Watson ADDRESS Terra Alta, W. Va.			

S. A.

1955

RECEIVED

10864 CERTIFICATE OF DEATH

Reg. Dist. No. 10868
166

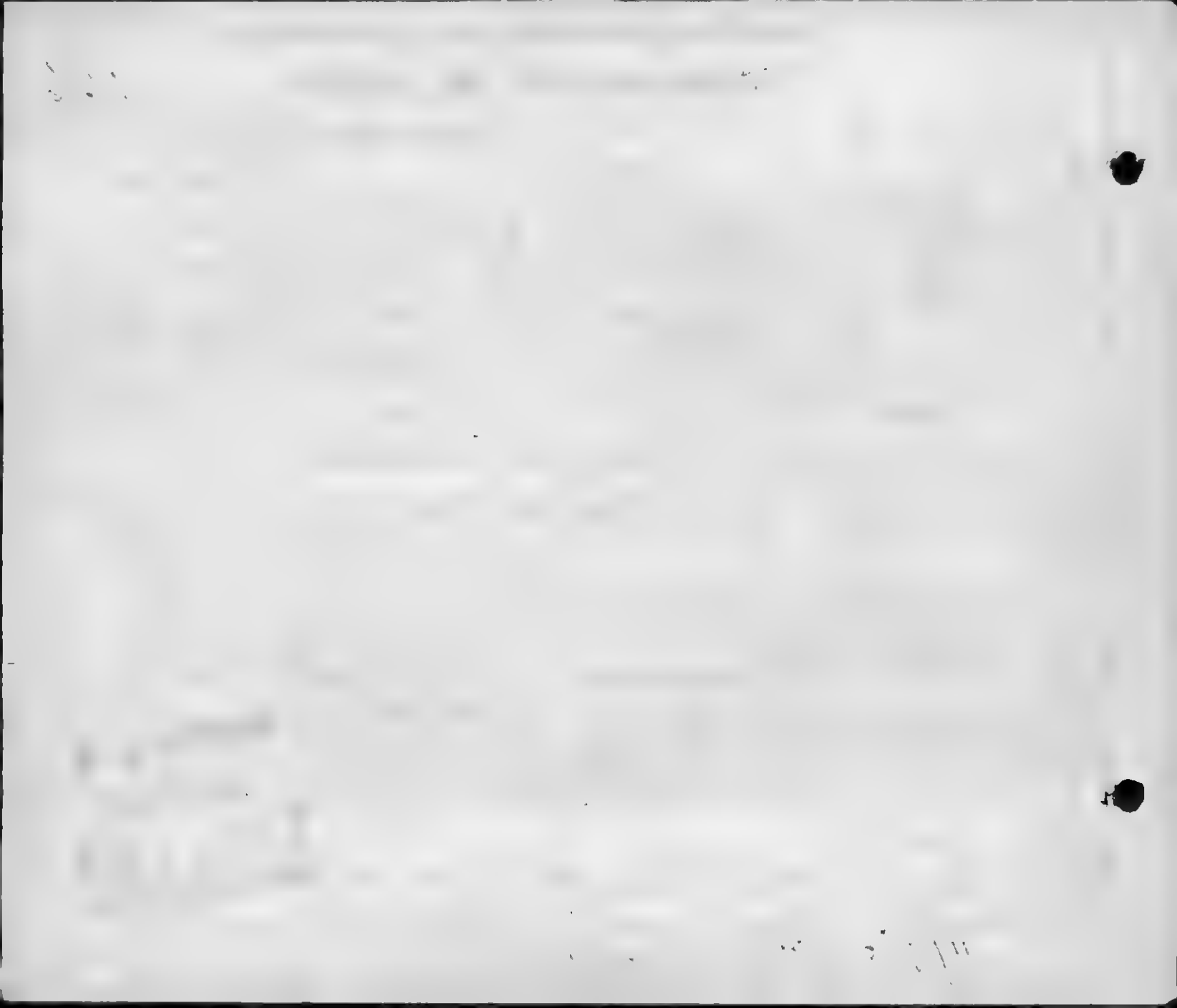
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>GARRETT</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>GARRETT</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>OAKLAND</u>		TOWN <u>OAKLAND</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>LOREE</u> (Middle) <u>FREELAND</u> (Last) <u>MCRobie</u>		(Month) <u>NOV.</u> (Day) <u>16</u> (Year) <u>1955</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>DEC-3-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<u>RETIRED U.S. MARINE</u>			<u>DEER PARK MD</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>JOSEPH MCRobie</u>		<u>CLARA FREELAND</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS	
<u>YES</u> <u>WAR II.</u>		<u>MRS. MARY MCRobie OAKLAND MD.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<u>YES</u> <u>WAR II.</u>		<u>52-039-9541</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A)		INTERVAL BETWEEN ONSET AND DEATH	
<u>coronary occlusion</u>		<u>sudden</u>	
ANTECEDENT CAUSE(S) DUE TO (B)		<u>1 year</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)		<u>Coronary Heart Disease</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)	
<input type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. <input type="checkbox"/> Not while at work <input type="checkbox"/>			
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11 March, 1954</u> , to <u>10 November, 1955</u> , that I last saw the deceased alive on <u>10 Nov. 1955</u> , and that death occurred at <u>7:30 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>A. E. Nance</u>		ADDRESS (Street, city, town, state) <u>Oakland Md</u>	
DATE <u>11/17/55</u>		DATE SIGNED <u>18 Nov 55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	
<u>BURIAL</u>		<u>OAKLAND CEMETERY</u>	
24. REC'D BY REGISTRAR		LOCATION (City, town, or county)	
<u>Julia A. Rowan</u>		<u>OAKLAND</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M



1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been examined by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detailed for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10865

CERTIFICATE OF DEATH

Reg. Dist. No. 10866 6

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		STATE MARYLAND		STATE Maryland		COUNTY Allegany	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Oakland		6 weeks		TOWN Cumberland		01-02-2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppett Nursing Home				STREET ADDRESS (If rural give location) 517 Caroline St.			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY FRANCE NUTTER				4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH Feb. 22, 1880	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Brunswick, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joel Wolfe				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mrs. Robert Zimmerman, Cumberland, Md.			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
422.1 IMMEDIATE CAUSE (A) Cardiac Failure						1 week	
ANTECEDENT CAUSE(S) DUE TO (B) Art C. V. D.						4 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Rheumatism						16 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/14 , 19 55 , to 11/11 , 19 55 , that I last saw the deceased alive on 11/13 , 19 55 , and that death occurred at 7:45 M., from the causes and on the date stated above							
SIGNATURE William H. Kight		M.D. Cumberland, Md.		ADDRESS (Street, city, town, state)		DATE SIGNED 11/13/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 14, 1955		NAME OF CEMETERY OR CREMATORY Davis Memorial Cemetery		LOCATION (City, town, or county) (State) Cumberland, Md.	
24. REC'D BY REGISTRAR 11/13/55		REGISTRAR'S SIGNATURE Julia C. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE William H. Kight		ADDRESS Cumberland, Md.	

BUREAU V. S.

NOV 16 1955

RECEIVED

VS A15C1-55 10M



1

INSTRUCTIONS

THE ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 153C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10867 CERTIFICATE OF DEATH

10871
66

Reg. Dist. No. 1

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	STATE M.D. COUNTY GARRETT.	CITY (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND	CITY (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND
TOWN RURAL OAKLAND	LENGTH OF STAY (in this place)	TOWN RURAL OAKLAND	STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) GRACE ELVIRA REAMS.		4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1955	
5. SEX FEMALE	6. CO. OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH APRIL-20-1898
9. AGE last birthday 57 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OAKLAND MD	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME ELMER CROSS		14. MOTHER'S MAIDEN NAME FAYNABELLE SINES.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS BLISS REAMS OAKLAND MD		RT-1	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
170x IMMEDIATE CAUSE (A) Carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 12 mos.	
ANTECEDENT CAUSE(S) DUE TO (B) Carcinoma left breast			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION 3-15	19b. MAJOR FINDINGS OF OPERATION Carcinoma left breast	2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/11/55 , 19 55 , to 7/7/55 , 19 55 , that I last saw the deceased alive on 7/7/55 , 19 55 , and that death occurred at 11 P.M. from the causes and on the date stated above.			
SIGNATURE Thomas J. Giest		ADDRESS (Street, city, town, state) Calverton Rd DATE SIGNED 7/7/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DATE THEREOF Nov. 11-1955	NAME OF CEMETERY OR CREMATORY TAYLOR/SINES CEMETERY	LOCATION (City, town, or county) NEAR OAKLAND MD.
24. REC'D BY REGISTRAR 11/10/55	REGISTRAR'S SIGNATURE Julia G Rowan	25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden	ADDRESS OAKLAND MD.

RECEIVED
NOV 16 1955
BUREAU

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 36 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A19C 1-58 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10868 CERTIFICATE OF DEATH

10872

166

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>GARRETT</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>GARRETT</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>OAKLAND</u>		TOWN <u>CUMBERLAND</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<u>Evans Nursing Home</u>		<u>Cumtubland</u>	
3. NAME OF (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
(Type or Print) <u>MATILDA</u> <u>SWISHER</u>		<u>Nov.</u> <u>19</u> <u>1955</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>FEMALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>FEB-12-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
			<u>CUMBERLAND MD</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>FRANK GOELLIER</u>		<u>ELIZABETH HENDLE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
171X IMMEDIATE CAUSE (A) <u>Carcinoma of Cervix</u>			
ANTECEDENT CAUSE(S) DUE TO (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Malignant</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 10</u> , 19 <u>55</u> , to <u>Nov 19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov 10</u> , 19 <u>55</u> , and that death occurred at <u>11:05</u> A.M. from the causes and on the date stated above.			
SIGNATURE <u>Dr. J. J. Borden</u> M.D.		ADDRESS (Street, city, town, state) <u>Cumtubland</u> DATE SIGNED <u>11/21/55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>Nov-22-1955</u>	<u>ROSE CEMETERY</u>	<u>CUMBERLAND MD</u>
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	<u>Julia Rowan</u>	<u>Emory Borden</u>	<u>Cumtubland</u>
DATE <u>11/21/55</u>			

with your friend

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

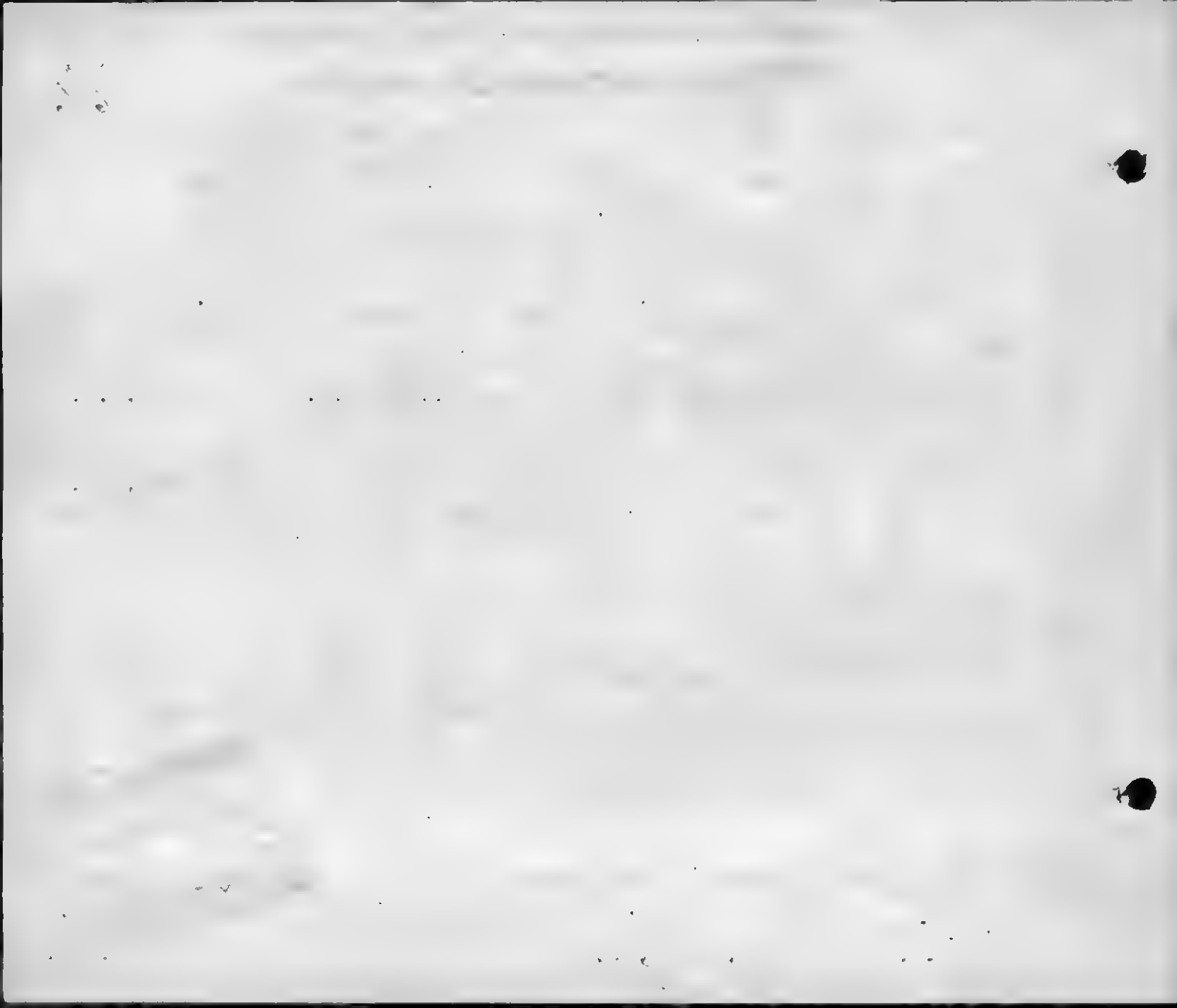
10873

10869 CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 2, Film G189, 11/25/55 fcy

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Garrett	MARYLAND	STATE MARYLAND West Virginia	COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	OR TOWN
X TOWN Oakland	3 mo.	Ridgeley, West Virginia	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
Weeks Nursing Home		18 Johns Street	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Iskel	(Middle) F.	(Last) Welch	(Month) Nov. (Day) 5, (Year) 19 55
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	White	Widowed	Aug. 17, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Carpenter's helper			Waynesboro, Va.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Everett Welch		Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		220-10-2500	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
Joseph Welch, Cumberland, Md.		1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
		IMMEDIATE CAUSE (A) Carcinoma of Stomach	
		ANTECEDENT CAUSE(S) DUE TO (B)	
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	
		11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
3/5/55	Carcinoma of Stomach		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/15/55 , 19 55 , to 11/15/55 , 19 55 , that I last saw the deceased alive on 11/15/55 , 19 55 , and that death occurred at 11:55 P.M. from the causes and on the date stated above.			
SIGNATURE Thomas J. Smith		DATE SIGNED 11-5-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	
Burial		St. Herman Cemetery	
DATE-THEREOF 11/8/1955		LOCATION (City, town, or county) (State)	
		near Cumberland Md.	
24. REG'D BY REGISTRAR		25. FUNERAL DIRECTOR'S SIGNATURE	
REGISTRAR'S SIGNATURE Julia A. Rowan		ADDRESS William Kight	
DATE 11/7/55		Cumberland, Md.	



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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10870

CERTIFICATE OF DEATH

10874

Reg. Dist. No. 165

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Grantsville</u>		<u>2 yrs</u>		TOWN <u>Grantsville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
100				1			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
(Type or Print) <u>Alpheus</u> <u>Jerome</u> <u>Whitacre</u>				Nov. <u>8</u> , 19 <u>55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Sept. 30, 1869</u>		<u>86</u> yrs.	Months <u>1</u> Days <u>8</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Minister</u>					<u>Okonoko, W. Va.</u>		<u>U.S.A.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Jesse W. Whitacre</u>				<u>Mary C. Sirbaugh</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)				<u>James W. Whitacre</u> <u>Grantsville, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>420.0</u> IMMEDIATE CAUSE (A) <u>Arteriosclerotic heart disease</u>						<u>17 years</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Generalized arteriosclerosis</u>						<u>20 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				2D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>None</u>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<input type="checkbox"/>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
		<input type="checkbox"/> <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 15, 1955</u>, to <u>Nov 8, 1955</u>, that I last saw the deceased alive on <u>Nov 7, 1955</u>, and that death occurred at <u>5:00 A.M.</u>, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>A. Paige Strong</u>				<u>Salisbury, Penn.</u>		<u>11/8/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>11-11-55</u>		<u>Abe Cemetery</u>		<u>Wiley Ford, W. Va.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>11-11-55</u>		<u>E. H. Broadwater</u>		<u>Rogers Funeral Home</u>		<u>Keyser, W. Va.</u>	

1955

STATEMENT OF DEATH

NAME OF DECEASED: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

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DATE OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

STATE OF NEW YORK

BUREAU V. S.

NOV 4 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
10871 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10875

166

Reg. Dist. No.

1. PLACE OF DEATH - COUNTY <u>Barrett</u>		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Barrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>MT. LAKE PARK</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>MT. LAKE PARK</u>	
TOWN <u>Rural</u>		TOWN <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Rural</u>		STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (First) <u>ROSEBY</u> (Middle) <u>CLIFFORD</u> (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>20</u> (Year) <u>1955</u>	
SEX <u>Male</u>		5. AGE last birthday <u>69</u> yrs.	
6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	
8. DATE OF BIRTH <u>11 Feb 86</u>		9. AGE last birthday <u>69</u> yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Mt. Lake Park, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George Wilson</u>		14. MOTHER'S MAIDEN NAME <u>Molly Crang</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>209-01-5145</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Lucy Wilson, Mt. Lake Park, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
(a) <u>420.1 Probable Coronary Occlusion</u>		
(b) <u>Antecedent cause(s) (Previous episode 1 yr. ago)</u>		
(c) <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)		
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

SIGNATURE <u>Thomas J. Lushy M.D.</u> ADDRESS <u>Oakland, Md.</u>		DATE SIGNED <u>11-20-55</u>
23. REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>11/23/1955</u>	NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u> LOCATION (City, town, or county) (State) <u>Oakland, Md.</u>
DATE REC'D BY LOCAL <u>11/22/1955</u>	REGISTRAR'S SIGNATURE <u>Julian Roman</u>	24. FUNERAL DIRECTOR <u>Herbert C. Leighton</u> ADDRESS <u>Oakland, Md.</u>

MARGIN RESERVED FOR BINING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 6 1955

BUREAU V. S.